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MPSHIRE and Expenses S 5)

APR 2 1 2017

10TI OF		STATE OF NEW HAI
		2017 Statement of Income
		for LOBBYIST
		(RSA Chapter 1
1115 3	PLEASE PRINT	

7 1 1
I. Name of Lobbyist(s)
II. Name of lobbyist's partnership, firm or corporation, if any:
New Hampshire Timbodad Owners Association
(Name of partnership, firm or corporation)
54 tortsmouth St. (axord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code)
(63) 224-9699 (63) 225-5898 e-mail stock Onto oca (Fax)
III. This statement covers: (Choose one – file separate reports for each client, or you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
New Hampshice Timbedand Owners Association, (Full Name of Client as it appears on the Lobbyist Registration Form)
OR
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017 Description of State of
October 25, 2017
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true
and complete to the best of my knowledge and belief.
April 20, 2017
(Bignature of loobyist) (Date)
(Print Name of lobbyist)
\

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jase A. Stack
II. Name of lobbyist's partnership, firm or corporation, if any:
New Hamp shire Timberland Ocurers Association (Name of partnership, firm or corporation)
III. Name of Client NH Timbe and Owners Assoc. Date 4/20/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:
a) Total of all fees received in this reporting period a) \$
b) Total of all fees received this calendar year, prior to this reporting period b) \$ (This should equal the total of all prior monthly reports for this calendar year)
c) Total of all fees received to date (Add lines a and b) c) \$ 13,118. [1
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50 restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 18 523-90

c) \$

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 18, 523.40
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	18,523.40
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
\sim	\$
,	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	4/20/17
(Signature of lobbyist) Tasa A. Stock	(Date)
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

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P I. Name	of Lobbyist(s)	Jasen	<u> 4</u>	Stock		DEPARTMENT OF STA
L E II. Nam	e of lobbyist's pa	rtnership, firm o	r corp	oration, if any	y :	
A S <u>New</u> E	Hanshire (Name of pai	rinership, firm or corpora	Ou	vers 7	wociation	
P III. Nar R	ne of Client <u>NH</u>			vars As	coc. Date_	4/20/17
I N ====== T State tl	ne full name of th	e person receivin	g the l	nonorarium o	r expense reimbu	rsement:
<	5 k k	T .	B		λ	
La	st Name	First Name			Middle Name/Initial	
What is	the value of the hon	orarium or expense	reimbu	rsement? \$_	138-70	
Describe of the example.	vent).		•			e date(s) and location(s) = lahouse, LoB, c ~ Vor
23,24	25, So, and 3			20,2452,	23, 3/3,13,15	,21,22 , , , , , ,
(If there	is more than one hono	rarium or expense rei	nbursem	ent use a separate	e addendum B form fo	r each.)
Sworn	Statement/Affirm	nation by Lobbyi	st			
	read RSA 15, RSA and complete to th				or affirm that the f	foregoing information
\(\sigma \)	the of labbuist)				4/2	6/17 Poto)
Je	thre of lobbyist) Se Name of lobbyist)	Stock			(Date)
•	• /					

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

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I. Name of Lobbyist(s)	1.00	V ST	L	DEPARTMENT OF S
		· · · · · · · · · · · · · · · · · · ·	<u></u>	
II. Name of lobbyist's par	-	·	λ	- L.
New Hangshi	mership, firm or corporation)	ad oure	1 Hero	ociation
(Name of part	Timbedand O.	wrees Assoc.	Date	/20/17
Political Contributions				
For each political contribuction client/lobbyist and lobbyist			ter 664 paid on b	behalf of the
enone receyou and receyou	.g,			
	C_{11}		1	
Full name of candidate:	teltes (Last Name)	(First Name)	و \ (Middle Nan	ne/Initial)
Amount of contribution \$	` ′	(* 332 * 332 * 7		
If the contribution is an in-ki actual cost of the in-kind con				
enter an estimated value and	the word "estimate."			
	****	and the stage of t		-17
	$\overline{}$		- 100 - 100	
Full name of candidate:	(Last Hame)	(First Name)	(Middle Nar	me/Initial)
Amount of contribution \$	100	Office Candidate is	`	Le Senate
If the contribution is an in-ki				
actual cost of the in-kind cor	tribution on the line abov			
enter an estimated value and	the word "estimate."			
			<u> </u>	
Full name of candidate:	Gray	Jin		
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	(Middle Na	me/Initial)
a mount of contribution \$		CITICA L'ANGIGATA IS	SPEKING "TO"	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
Chief an estimated value and the word estimate.
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

APR 2 1 2017

I. Name of Lobbyist(s)	Jasen A.	Stack	
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:	
New Kanpshire	z Timberlane thership, firm or corporation)	1 Owners	Association
(Name of part III. Name of Client NH Political Contributions	Timbedond (Swers Asso	c. Date 4/20/17
I diffical Contributions	tion that is reportable	pursuant to RSA Chapt	er 664 paid on behalf of the
Full name of candidate:	Box's (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking State Senate
	tribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known
Full name of candidate: _			ACM N 4 11 N
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
	ntribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known
Full name of candidate			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Quate)
(Print Name of lobbyist)

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: <u>New Hampshir</u>	e Timberland Owners Lesoc.
Name of Client (leave	blank if Statement is fo	,	corporation and not related to any
Date of Report (check	one):		
April 26, 2017	July 26, 2017 🛘	October 25, 2017 🗆	January 31, 2018 □
			and Expenses described above, and number of Addendum forms being
X Addendum A(s).		
Addendum B(s	s).		
Addendum C(s	3).		
-	m that the foregoing in my knowledge and be		ent and each Addendum is true and
40 2			120/17
(Signature of lobbyist)		,	(Date)
Jasen A	Stock		
(Print Name of lobbyis	it)		